

AMNION®
Intake form

Amnion: is an aquatic class that follows the chronological developmental movements that arise in the prenatal and neonatal stages.

Name: _____ Today's
Date _____
Birthdate: _____
Profession _____
Address _____ State _____
Zip _____
Telephone: _____ Email: _____

What has drawn you to find out more about the modality called Amnion®?

What is your intention in exploring your prenatal experience?

Is there anything in your maternal and fraternal line (ancestry) that has piqued your curiosity?

Do you know anything surrounding your birth or prenatal experience?

What is your relationship to exploring the underwater, are you excited, fearful or don't know?

What information concerning your prenatal experience would help me better hold a container for this workshop?

When looking at the book "Watch me Grow" was there any stage

that caught your attention?

Are you presently using medications or drugs? List...

I have access to follow up therapy after this session? Yes __ No __

If you do not have access to follow up therapy, how do you plan to get support after this class?

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